

APPLICATION FORM FOR NON-TEACHING POSITIONS											
]	Post Nam	Applied for:			Form Number: (For Office use only)				ly)	Affin monathy taken	
		ertisement rtisement):			Date of Advertisement:			nent:]	Affix recently taken passport size photograph	
		1. D	ETAILS OF THE BANK PAYMENT (APPLICATION F						ΓΙΟΝ FEE)		
DD Number Da		Date	Amount			Name of the Bank			DD Issuing Bank's Name		
			2. I	PERSO	NA	L DETA	AILS O	F TH	E CAN	DIDA	ATE
	Name:			FIRST NA		AME MIDDLE		LE NA	ME		SURNAME
Α.	(In Capi Letters)	tal									
В.	Date of Birth:		DAY	MONT	Ή	YEAR	AGE AS ON:			YEAR	MONTH
ъ.	Date of	Dii tii.					AGL AS OIV.		``		
C.	Place of	ace of Birth:		CITY/VILL		LAGE STAT		ATE			COUNTRY
	Mother										
D.	Name:	S									
	Father'	s Name:									
E.	E. Nationality:										
F.	Gender	•				MALE/FEMALE/OTHER:					:
G.	Category:		General/SC/ST/OBC/PWD/Other Category (Tick Mark & Write):								
H.	Marital	rital Status: Married/U									
I.	Permane Address (Write in leg words/letters	: gible									
J.	Address Correspe (Write in leg words/letters	ondence:									
K.	K. E-mail ID: (In legible words/letters)										
L.	Contact Number		Mobile No.:					Land Line No.:			



	3.	EDUCATIONAL QUALIFICATION
	Year of Passing:	
Class 10 th /	Percentage / CGPA:	
Equivalent	School:	
	Board / Council:	
	Year of Passing:	
Class 12 /	Percentage / CGPA:	
Equivalent	School:	
	Board / Council:	
Bachelor's	Year of Passing:	
Degree (U.G.)	Percentage / CGPA:	
(Specify)	College / University	
Master's	Year of Passing:	
Degree	Percentage / CGPA:	
(P.G.)	College / University:	
(Specify)	Specialisation:	
	Year of Award:	
	Area of Ph.D.:	
Ph.D. / Equivalent (Law)	Topic:	
, , , ,	University:	



		4. WOI	RK EXPERIE	NCE		
Sr. No	Designation & Scale of Pay	Name of Employer	Date of Joining	Date of Leaving	Length of Service	Nature of Work/Duties
1						
2						
3						
4						
5						
		*Attach Separ	rate Sheet or Roy	vs, if required		
		UTION TO THE CORPOR				
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3	3.					
۷	l.					
5	5.					
6						
7	7.					



	6. HONOURS / AWARDS / PROFESSIONAL ENGAGEMENTS*
1.	
2.	
3.	
4.	
5.	
6.	
7.	
	*Attach Separate Sheet or Rows, if required
7. REFE	RENCES (Professional)
	Referee-1
Name:	
Designation:	
University:	
E-mail:	
Contact No.:	
Address:	
	Referee-2
Name:	
Designation:	
University:	
E-mail:	
Contact No.:	
Address:	



यतो धर्मस्ततो जयः						
		Referee-3				
Name:						
Designation:						
University:						
E-mail:						
Contact No.:						
Address:						
(ORIO	GINAL TO BE PRODU	TESTIMONIALS (SEIUCED AT THE TIME O	·			
1)	5))	9)			
2)	6))	10)			
3)	7))	11)			
1)	8))	12)			
Total Nun	nber of documents:	_attached.				
Total Nun	Total Number of Pages: Excluding Application Form:attached.					
• Note: Application Form without supporting documents will not be entertained.						
9. DECI	9. DECLARATION:					
I hereby d	I hereby declare that all the entries made by me in this Application Form are true to the best					
of my kno	of my knowledge and belief. If anything is found to be false, at any stage my candidature					
may be ca	ncelled without assignin	ag any reason thereof.				
Date:			Signature of the Applicant			



(University established by State Legislature of Maharashtra by Act No. VI of 2014)

10. ENDORESEMENT BY PRESENT EMPLOYER (for in-Service Candidates)

10. ENDORESEMENT DITRESENT EMILOTE	ax (for in-service candidates)		
Forwarded to:			
The Registrar Maharashtra National Law University Aurangabae Near Raje Sambhaji Sainik School, Nath Valley Ro Kanchanwadi, Aurangabad-431 005 (Maharashtra)			
The Applicant Mr/Mrs.	who		
has submitted this Application Form for the post of _	is		
in the post of	in a temporary / permanent / regular		
capacity with effect from	in this institution / organisation. He		
/ She is drawing Basic Pay / Pay of Rs	in the scale of		
Further, it is certified that no disciplinary / vigilance c or is pending against the said Applicant. There is no c considered by the Maharashtra National Law University	objection for his / her Application being		
Signature of	f the Forwarding Authority with Seal		
Date:			
Place:			